PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
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| DEC 2 1 2005 | |
| PATE TRADELLA | |

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional)

| FY 2005 {Fees pursuant to the Consolidated Appropriations Act, | 2091-0240P | | | |
|---|--|---|---------------------------|--|
| Application Number 09/842,908-Conf. | Filed | April 27, 2001 | | |
| For STORING PROGRAM THEREFOR | ROCESSING APPA | ARATUS AND RE | CORDING MEDIUM | |
| Art Unit 2612 | | Examiner | L. T. Nguyen | |
| This is a request under the provisions of 37 CFR 1.1 identified application. The requested extension and fee are as follows (che | • • | | | |
| The requested extension and lee are as follows (the | | | | |
| X One month (37 CFR 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity F \$60 | * 120.00 | |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | |
| Five months (37 CFR 1.17(a)(5)) | \$1080 | \$ | | |
| X A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is a The Director has already been authorized to charge a Deposit Account Number 02-2448 I am the applicant/inventor. assignee of record of the entire | attached. charge fees in this any fees which may I have enc | y be required, or cr losed a duplicate o | redit any overpayment, to | |
| Statement under 37 CFR | | | 96). | |
| attorney or agent of record. F | Registration Number | er | | |
| attorney or agent under 37 CF | | | | |
| Registration number if acting un | nder 37 CFR 1.34 | 29,680 | • | |
| Signature | Dece | ember 21, 2005 Date | | |
| Sidilatule | | Date | | |
| Michael K. Mutter | | 170 | 03) 205-8000 | |

12/22/2005 HALI11

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Total of

01 FC:1251

120.00 OP

forms are submitted.

PTO/SB/17 (12-04v2)
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|--|------------------------|------------------|--------------------------|-------------------|--|------------------------|---------------------------|-------------------------|-----------------------|----------------|--|
| Effective on 12/08/2004. | | | | Complete if Known | | | | | | | |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | Application Number | | | 09/842,908-Conf. #8383 | | | | | |
| FEE TRANSMITTAL | | | Filing Date | | | April 27, 2001 | | | | | |
| | | | First Named Inventor | | | Fumito TAKEMOTO | | | | | |
| For FY 2005 | | | | Examiner Name | | | L. T. Nguyen | | | | |
| Applican | t claims small | entity status. | See 37. CFR 1.2 | 7 | Art Unit | | | 2612 | | | |
| TOTAL AMOU | NT OF PAY | VENT | (\$) 120.00 | | Attorney Docket No. 209 | | | 2091-0240P | 2091-0240P | | |
| METHOD OF | PAYMENT | 「(check all t | that apply) | | | | | | | | |
| X Check Credit Card Money Order None Other (please identify): | | | | | | | | | | | |
| Deposit Ac | count Depos | it Account Num | ber: <u>02-2448</u> (| Deposit Acc | ount Name | | | | | | |
| For the | above-identi | fied deposit | account, the D | irector is | hereby | authoriz | ed to: (ch | eck all that apply) | | | |
| Пс | harge fee(s) | indicated be | low | | | Charg | je fee(s) i | ndicated below, e | xcept for the | filing fee | |
| That the control of t | | | | | | | | | | | |
| fee(s) under 37 CFR 1.16 and 1.17. | | | | | | | | | | | |
| 1. BASIC FILIN | G, SEARCH | , AND EXA | VINATION FE | ES | | | | | | | |
| | | FILIN | G FEES | SE | ARCH F | | EXAM | INATION FEES | ; | | |
| Application T | ype | Fee (\$) | Small Entity Fee (\$) | Fee (\$ | | II Entity ee (\$) | Fee (\$ | Small Entity Fee (\$) | Fees Pa | id (\$) | |
| Utility | <u> </u> | 300 | 150 | 500 | | 250 | 200 | 100 | | | |
| Design | | 200 | 100 | 100 | | 50 | 130 | 65 | | | |
| Plant | | 200 | 100 | 300 | | 150 | 160 | 80 | | | |
| Reissue | | 300 | 150 | 500 | 2 | 250 | 600 | 300 | | | |
| Provisional | | 200 | 100 | 0 | | 0 | 0 | 0 | | | |
| 2. EXCESS CL | AIM FEES | | | | | | | | | mall Entity | |
| Fee Description | | no Reissues | ` | | | | | | <u>Fee (\$)</u> 50 | Fee (\$) 25 | |
| Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) | | | | | | | | 200 | 100 | | |
| Multiple depend | | (| | | | | | | 360 | 180 | |
| - | | | | Paid (\$) | | i | Multiple Depend | ent Claims | | | |
| | - 47 = | | | | | _ | <u>.</u> | ee (\$) | Fee Paid (\$) | | |
| | | | | | | | | | | | |
| Indep. Claims | Extra C | Claims F | ee (\$) | Fee F | Paid (\$) | | | | | | |
| 3. APPLICATIO | | | | | | | | | | | |
| | | | | | | | | filed sequence or | | | |
| | | | | | | | | entity) for each a | dditional 50 | | |
| | | | J.S.C. 41(a)(1) | | | | | Eng (ft) | Eas D | aid (¢) | |
| Total Sheet | <u>s Ex</u> - 100 = | tra Sheets | /50 | or each a | | | ction there ole number | | Fee Pa | aid (#) | |
| 4. OTHER FEE | | | .50 | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | Fees P | aid (\$) | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | |
| _ | - | | 251 Extension | • | | within fi | rst mont | h | 120 | .00 | |
| SUBMITTED BY | | | 2.1. | | | | | | | | |
| Signature | Om | 1/1// | A #20 | a 46 | Registrati | on No. | 29.680 | Telephone | (703) 205 | -8000 | |

December 21, 2005

Date

Name (Print/Type)

Michael K. Mutter